

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section

IAA Number 17FED1JAN17 - 02 - 02 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

PRIMARY ORGANIZATION/OFFICE INFORMATION

24.	Requesting Agency	Servicing Agency
Primary Organization/Office Name	Denali Commission	U.S. Army Corps Corps of Engineers, Alaska District - CEPOA-PM-ESP
Responsible Organization/Office Address	510 L Street, Suite 410 Anchorage, AK 99501	P.O. Box 6898 JBER AK 99506

ORDER/REQUIREMENTS INFORMATION

25. Order Action (Check One)

☐ New

☒ **Modification (Mod)** – List affected Order blocks being changed and explain the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. **Fill out the Funding Modification Summary by Line (Block 26)** if the mod involves adding, deleting or changing **Funding for an Order Line**.

Extend Block 27 Performance Period end date from 30 September 2018 until 31 December 2018

☐ **Cancellation** – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

26. Funding Modification Summary by Line	Line # <u>1</u>	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$250,000.00	\$	\$	\$	\$250,000.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$0.00
Funding Change for This Mod	\$	\$	\$	\$	\$0.00
TOTAL Modified Obligation	\$250,000.00	\$0.00	\$0.00	\$0.00	\$250,000.00
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00
Net Modified Amount Due	\$250,000.00	\$0.00	\$0.00	\$0.00	\$250,000.00

27. Performance Period Start Date 01-03-2017 End Date 12-31-2018
 For a performance period mod, insert the start and end dates that reflect the new performance period. MM-DD-YYYY MM-DD-YYYY

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28. Order Line/Funding Information				Line Number _____	
			Requesting Agency Funding Information	Servicing Agency Funding Information	
ALC			95670000	000008736	
Treasury Agency Code			95	96	
Trading Partner Code			513	096	
TAS			513X1200	96X3112	
BETC			DISB	COLL	
Object Class Code (Optional)					
BPN			029585416	123144581	
BPN + 4 (Optional)					
Additional Accounting Classification/Information (Optional)					
Requesting Agency Funding Expiration Date			Requesting Agency Funding Cancellation Date		
MM-DD-YYYY			MM-DD-YYYY		
Statewide Threat Assessment					
Project Number & Title					
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)					
Complete erosion and flooding data analysis in support of Statewide Threat Assessment Project. See Attached Task Order #2 Statement of Work dated 7 March 2017 for additional information.					
North American Industry Classification System (NAICS) Number (Optional) _____					
Breakdown of Reimbursable Line Costs			OR	Breakdown of Assisted Acquisition Line Cost:	
Unit of Measure			Contract Cost	\$	
Quantity	Unit Price	Total	Servicing Fees	\$	
1	\$250,000.00	\$ 250,000.00	Total Obligated Cost	\$0.00	
Overhead Fees & Charges		\$ 0.00	Advance for Line (-)	\$	
Total Line Amount Obligated		\$ 250,000.00	Net Total Cost	\$0.00	
Advance Line Amount (-)		\$	Assisted Acquisition Servicing Fees Explanation		
Net Line Amount Due		\$ 250,000.00			
Type of Service Requirements					
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable					

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29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order \$ _____ [All Order Line advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

- ☐ Straight-line – Provide amount to be accrued \$ _____ and Number of Months _____
- ☐ Accrual Per Work Completed – Identify the accounting posting period:
- ☐ Monthly per work completed & invoiced
- ☐ Other – Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.

30. Total Net Order Amount: \$ 250,000.00

[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)

☐ Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

☒ Other Attachments (Optional)

Task Order #2 Statement of Work dated 7 March 2017

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]

If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

- ☐ Requesting Agency Initiated IPAC ☒ Servicing Agency Initiated IPAC
- ☐ Credit Card ☐ Other – Explain other payment method and reasoning.

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

- ☒ Monthly ☐ Quarterly ☐ Other Billing Frequency (include explanation)

34. Payment Terms (Check One)

- ☐ 7 days ☒ Other Payment Terms (include explanation): IPAC

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35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

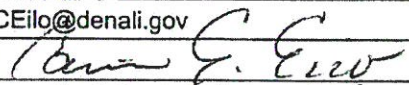
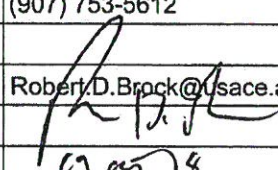
36. Delivery/Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

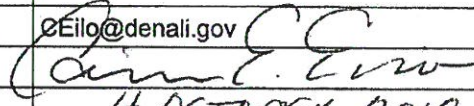
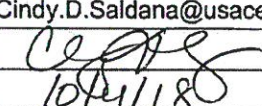
APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS

The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Corrine Eilo	Robert Brock
Title	Chief Financial Officer	Chief, International and Interagency Service Grp.
Telephone Number	(907) 271-1424	(907) 753-5612
Fax Number		
Email Address	CEilo@denali.gov	Robert.D.Brock@usace.army.mil
SIGNATURE		
Date Signed	4 OCTOBER 2018	10/4/18

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	Corrine Eilo	Cindy Saldana
Title	Chief Financial Officer	Program Analyst
Telephone Number	(907) 271-1424	(907) 753-2867
Fax Number		
Email Address	CEilo@denali.gov	Cindy.D.Saldana@usace.army.mil
SIGNATURE		
Date Signed	4 OCTOBER 2018	10/4/18


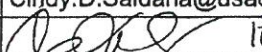
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CONTACT INFORMATION

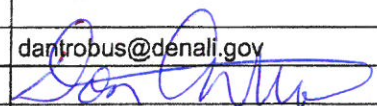
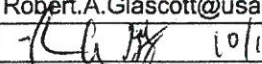
FINANCE OFFICE Points of Contact (POCs)

The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.

39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Molly Chapman	Cindy Saldana
Title	Financial Officer	Program Analyst
Office Address	510 L Street, Suite 410 Anchorage, AK 99501	U.S. Army Corps of Engineers, Alaska District P.O. Box 6898, JBER, AK 99506
Telephone Number	(907) 271-1192	(907) 753-2867
Fax Number		
Email Address	mchapman@denali.gov	Cindy.D.Saldana@usace.army.mil
Signature & Date (Optional)	 10/4/18	 10/4/18

40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)

This may include CONTRACTING Office Points of Contact (POCs).

	Requesting Agency	Servicing Agency
Name	Don Antrobus	Robert Glascott
Title	ETC Program Manager	Project Manager, ESPB
Office Address		
Telephone Number	(907) 271-3500	
Fax Number		
Email Address	dan@antrobus@denali.gov	Robert.A.Glascott@usace.army.mil
Signature & Date (Optional)	 10/10/18	 10/10/18
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		

